

Case Number:	CM14-0084620		
Date Assigned:	07/23/2014	Date of Injury:	01/18/2008
Decision Date:	09/26/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/06/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 72 year old male who reported an injury to his low back. The clinical note dated 06/06/13 indicates the initial injury on 01/08/08 when he was involved in a motor vehicle accident. The clinical note dated 04/22/14 indicates the injured worker having undergone 2 epidural steroid injections in October of 2013. Pain was identified as radiating into both knees from the low back. Prolonged standing, walking, and dealing with stairs all exacerbated the injured worker's pain. The clinical note dated 05/07/14 indicates the injured worker having previously undergone a lumbar MRI on 06/24/11 which revealed a prior decompression laminectomy at L3-4 and L4-5. Severe nerve root canal narrowing was identified at L5-S1 with severe canal stenosis. The note does indicate the injured worker reporting the previous epidural injections did provide some benefit. The utilization review dated 05/16/14 resulted in a non-certification for an MRI of the lumbar spine as well as Ibuprofen cream. The MRI of the lumbar spine dated 07/02/14 revealed mild central canal stenosis at L5-S1 with bilateral lateral recess stenosis. Post-surgical changes were identified at L4-5. A retro spondylolisthesis was identified at L3 on L4.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Prospective request for 1 magnetic resonance imaging (MRI) of the lumbar spine with and without contrast.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The documentation indicates the injured worker having recently undergone an MRI on 07/02/14 of the lumbar spine. No information was submitted regarding the injured worker's significant changes involving the symptomology. Additionally, no new pathology has been identified on the clinical exam. Without any significant changes identified in the clinical notes, the request for an MRI of the Lumbar Spine is not medically necessary.

Prospective request for 1 prescription of EnovaRX Ibuprofen cram 10%.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.